



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

ST. DAVIDS GEORGETOWN HOSPITAL  
ADVENT HEALTH PARTNERS

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-15-4073-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

AUGUST 17, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "We have tried to resolve this issue with Texas Mutual but they are refusing to acknowledge that the patient did not provide Texas Mutual as his carrier until January 22, 2015 which was beyond 95 days from the date of discharge. During the registration process when the patient was asked for his medical insurance he stated that he did not have any insurance...Despite the facilities efforts to obtain the patients billing information it was not until his wife responded to a phone call made by the facility to the patients home on January 22, 2015. (Exhibit 3) Clearly the patient did not provide Texas Mutual until after the 95 day timely filing deadline had expired. The facility should not be penalized for the patients lack of information given at registration nor for his delayed response to provide insurance information."

**Amount in Dispute:** \$48,838.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The following is the carrier's statement with respect to this dispute of 8/23/2014 to 8/29/2014...Ninety-five days from 8/29/14 is 12/2/14. Texas Mutual received the bill on 5/1/15. (Attachment) The bill is late...No payment is due."

**Response Submitted by:** Texas Mutual Insurance Co.

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 23, 2014 through August 29, 2014	Inpatient Hospital Services	\$48,838.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a

claim by a health care provider.

3. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 *Texas Register* 430, sets out the procedure for healthcare providers submitting medical bills.
4. The services in dispute were reduced / denied by the respondent with the following reason codes:
  - CAC-29-The time limit for filing has expired.
  - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
  - CAC-18-Exact duplicate claim/service.
  - 878-Appeal (Request for Reconsideration) previously processed. Refer to rule 133.250(H).
  - 731-Per 133.20 provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service, for services on or after 9/1/05.
  - 891-No additional payment after reconsideration.

### **Issues**

1. Did the requestor support that disputed bill was submitted timely?
2. Does the disputed bill meet exception for filing timely? Is the requestor entitled to reimbursement?

### **Findings**

1. According to the explanation of benefits, the respondent denied reimbursement for the disputed chest x-ray based upon reason code "CAC-29."

Texas Labor Code §408.027(a) states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

The disputed dates of service are August 23, 2014 through August 29, 2014. A review of the submitted documentation finds that the requestor agrees that the submitted medical bill was submitted past the 95 day deadline established in Texas Labor Code §408.027(a). The Division concludes that the disputed medical bill was not sent timely.

2. Texas Labor Code §408.0272(b)(1) states "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

The requestor states that "Despite the facilities efforts to obtain the patients billing information it was not until his wife responded to a phone call made by the facility to the patients home on January 22, 2015. (Exhibit 3) Clearly the patient did not provide Texas Mutual until after the 95 day timely filing deadline had expired. The facility should not be penalized for the patients lack of information given at registration nor for his delayed response to provide insurance information."

The patients lack of information given at registration nor delayed response to provide insurance information are not exceptions to timely filing outlined in Texas Labor Code §408.0272(b)(1). As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	09/11/2015
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**